

**KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
ADULT ABUSE, NEGLECT, EXPLOITATION, FIDUCIARY, ABUSE CENTRAL REGISTRY**

RELEASE OF INFORMATION

I, _____, give permission for the release of any information

(PRINT ONLY)

concerning myself in the Adult Abuse and Neglect Central Registry to:

Contact Person(s) _____

Your agency's name _____ Phone _____

Agency/Individual address _____

I understand that all information released will be for the exclusive and confidential use of the above named organization/person. I have read and understand this form and the information provided is true and correct to the best of my knowledge.

Maiden Name and/or Other Names known by: _____

(PRINT ONLY)

Any Other Married Name(s): _____

(PRINT ONLY)

DOB: _____ SS#: _____
(mm/dd/yyyy)

Nationality: _____ Sex: _____

Signature: _____ Date: _____

Address: _____

City/State/Zip: _____

FOR THE CENTRAL REGISTRY USE ONLY:

Information contained in Central Registry:

No Record () Yes () Case Finding: _____

Perpetrator's Name: _____

County Reporting: _____ Date Report Received: _____

Initial: _____ Date: _____

RETURN TO: Adult Abuse Registry
915 SW Harrison
DSOB – Room 551 South
Topeka, Kansas 66612